MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07429

6443 CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAULKNER (rural)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp. La Plata, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Faulkner
STREET ADDRESS (If rural, give location) near Faulkner

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) [redacted] BARBER

4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 27 June 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 1 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward [redacted] BARBER

14. MOTHER'S MAIDEN NAME: Alice Cecelia Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother. Faulkner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
571.0 Immediate cause	(a)	sudden cardiac arrest	1 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	diarrhea for one week.	1 wk.
	DUE TO (c)	prematurity?	[illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1954, to 9 Aug, 1954, that I last saw the deceased alive on 7 Aug, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick M. Johnson M.D. La Plata, Md. 9 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 9, 1954 | NAME OF CEMETERY OR CREMATORY St Ignatius | LOCATION (City, town, or county) Bel Alton (State) Md

DATE REC'D BY LOCAL REG. 8/9/54 | REGISTRAR'S SIGNATURE Julia D. Posey

24. FUNERAL DIRECTOR Hoxtt & Ryon ADDRESS Waldorf, Md

4D6481443

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

RECEIVED
AUG 11 1954
BUREAU V. S.

06431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6441 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Delphenia (Middle) (Last) Cooksey

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept 15, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T M Hancock

14. MOTHER'S MAIDEN NAME: Mary Cooksey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Ernest Cooksey, Centreville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 40 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Respiratory Collapse

DUE TO

(c) Fractured Femur — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 27 July, 1954, that I last saw the deceased alive on 27 July, 1954, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE S Woodd. (DEGREE OR TITLE) M.D ADDRESS La Plata, Maryland DATE SIGNED 7-28-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/31/54

NAME OF CEMETERY OR CREMATORY Centreville

LOCATION (City, town, or county) Centreville (State) md

DATE REC'D BY LOCAL REG. 7/29/54

REGISTRAR'S SIGNATURE Julia A Casey

24. FUNERAL DIRECTOR Shuntz & Ryon ADDRESS Waldorf Md

VS. A15 8-51

RECEIVED
AUG 2 1954
BUREAU V. S.

6445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06432

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldoy X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldoy, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) P. (Last) Gates

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov 27 1857
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer Ret.
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chas Co. Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Ambrose Gates
14. MOTHER'S MAIDEN NAME Amelia Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Earl Gates Waldoy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

453.1

Immediate cause (a) Myocardial Apoplexy - Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility - Thrombo - Angitis

(c) Obliterans -

INTERVAL BETWEEN ONSET AND DEATH: Six Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1937, to 7/14, 1954, that I last saw the deceased alive on 7/13, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Waldoy Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/54
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Waldoy (State) Md

DATE REC'D BY LOCAL REG. 7-16-54
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryan, ADDRESS Waldoy Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 20 1954
BUREAU V. S.

6446 MARYLAND STATE DEPARTMENT OF HEALTH 06433

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall (Rural) LENGTH OF STAY (in this place) Transit.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 478-3
STREET ADDRESS (If rural, give location) 3501 Minn Ave S.E. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A. (Last) GETZ
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Aug. 31 1938
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Tampa, Fla
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME James B. Getz
14. MOTHER'S MAIDEN NAME Mildred P. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS James B. Getz Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 929.8

Immediate cause (a) D Drowning — INTERVAL BETWEEN ONSET AND DEATH 7-4-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pt River (CITY OR TOWN) Marshall Hall (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 7 (Day) 4 (Year) 54 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C Medelen (Degree or title) MD. ADDRESS La Plata Md DATE SIGNED 7-6-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9 1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) 3201 Bladensburg Rd. N.E. Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 7-6-54
REGISTRAR'S SIGNATURE M. L. Monroe Mrs. Odey Price mmt.
24. FUNERAL DIRECTOR Huntt & Ryon Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 9 1954
BUREAU V. S.

6447 MARYLAND STATE DEPARTMENT OF HEALTH 06434

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains — LENGTH OF STAY (In this place) 2yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LeROY (Last) JAMESON

4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: May 23 1895 — 9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (State or foreign country): Charles Co — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Lee Jameson — 14. MOTHER'S MAIDEN NAME: Sarah Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Mrs. Mary E. Jameson, White Plains Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9764 **Immediate cause** (a) Gunshot wound in chest — Interval between onset and death: immediate

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Frederick M. Johnson M.D. La Plata, Md. 15 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/19/54 — NAME OF CEMETERY OR CREMATORY Trinity Church cmty — LOCATION (City, town or county) New Port — (State) Md

DATE REC'D BY LOCAL REG. 7-16-54 — REGISTRAR'S SIGNATURE M. L. Mourdet — 24. FUNERAL DIRECTOR Hoult & Ryon — ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

RECEIVED
JUL 20 1954
BUREAU V. S.

6448 MARYLAND STATE DEPARTMENT OF HEALTH 06435

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head 9 Couden Rd — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Powder Factory Dispensary, Indian Head

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location): 9 Couden Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Osakowicz
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 25, 1904
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Powder Factory
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Zonia Rosetter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Frank Osakowicz, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fenwick Susan M.D. (Degree or title) — ADDRESS: Indian Head Md — DATE SIGNED: 7-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 5, 1954 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) (State): Wayside, Maryland
DATE REC'D BY LOCAL REG.: 7/5/54 — REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 8
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06436

6449

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) LEE (Last) PERRY

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 27 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer Ret
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C Perry
14. MOTHER'S MAIDEN NAME: Elizabeth Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Howard M. Norris La Plata Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Respiratory collapse.	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Renal obstruction and metastasis to brain.	4 mos.
	DUE TO (c)	Prostate, Carcinoma.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 31 July, 1954, that I last saw the deceased alive on 31 July, 1954, and that death occurred at 10:30 EST A.m., from the causes and on the date stated above.

SIGNATURE S Woodd (DEGREE OR TITLE) MD ADDRESS La Plata Md. DATE SIGNED 31 July 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Holy Ghost Cemetery
LOCATION (City, town, or county) (State) Issue Md

DATE REC'D BY LOCAL REG. 8/2/54
REGISTRAR'S SIGNATURE Julia H Pasley
24. FUNERAL DIRECTOR Hunt & Ryan Funeral Home ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 4 1954
BUREAU V. S.

06437

6450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 9 film G168 A 7/30/54 cm

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR BEL ALTON
LENGTH OF STAY (In this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DIST. of COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 121 Urell Place N.E.

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) G. (Last) REEVES
4. DATE OF DEATH (Month) JULY (Day) 20 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-25-01
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ~~SALESMAN~~
10b. KIND OF BUSINESS OR INDUSTRY NAVY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME AVY MACHINISTS MATE George F Reeves
14. MOTHER'S MAIDEN NAME Mollie Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-07-4272
17. INFORMANT AND ADDRESS Mrs Frances Sorger 161 - Urell Pl. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Severe crushing & lacerating injuries [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] automobile [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Near Bel Alton (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) July (Day) 20 (Year) 54 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident ✓, suicide, homicide, undetermined.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Md. DATE SIGNED [illegible]

[illegible] CREMATION [illegible] Burial
DATE THEREOF 7/23/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 7/21/54
REGISTRAR'S SIGNATURE ~~Amanda Tourney~~ Mrs. F Wills [illegible]
24. FUNERAL DIRECTOR Frank Geiers Sons Co ADDRESS 3605-14 St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6451

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06438

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Thomas~~ (Middle) Peter Calvert (Last) ~~[illegible]~~ Thomas

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 54

5. SEX M
6. COLOR OR RACE S
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar. 18 1953
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Chas Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Hilary Thomas
14. MOTHER'S MAIDEN NAME Elnora Joyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Non
16. SOCIAL SECURITY NO. Non
17. INFORMANT AND ADDRESS Hilary Thomas Wayside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Shock	7-31-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Ingestion of Coal Oil	7-31-54
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Drank ~~[illegible]~~ Coal Oil

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS La Plata Md DATE SIGNED 8-1-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Fairview M. E.
LOCATION (City, town, or county) Newburg Md (State)

DATE REC'D BY LOCAL REG. 8/2/54
REGISTRAR'S SIGNATURE Julia H Carey
24. FUNERAL DIRECTOR Hunt & Pigott Waldorf ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06439

6452 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HUGHESVILLE X
LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) GEORGE (Middle) WILLIAM (Last) TOLSON
4. DATE OF DEATH: (Month) JULY (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	NEGRO-US.	WIDOWED	JUNE 30, 1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	MARYLAND	U.S.

13. FATHER'S NAME: FRANCIS TOLSON
14. MOTHER'S MAIDEN NAME: HENRIETTA DOUGLAS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	NONE	JAMES R. TOLSON (SON) CHARLOTTE HALL, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332X Immediate cause	(a) CEREBRAL THROMBOSIS, LEFT	10 days.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ESSENTIAL HYPERTENSION	3 YEARS
DUE TO		
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL THROMBOSIS, RIGHT — 6 MONTHS

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
— 0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — M.		—

22. I hereby certify that I attended the deceased from JUNE, 1947, to JULY, 1954, that I last saw the deceased alive on JULY M., 1954, and that death occurred at 3 05 EST A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John H. Griffin,	M.D.	Hughesville Md.	July 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county) (State)
Burial	7/17/54	St. Mary's Cemetery	Bryantown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/14/54	Julia H. Parry	Hewitt & Ryon, Waldorf, Md	

RECEIVED
JUL 16 1954
BUREAU V. S.

06440

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6453

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital 29

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) L (Last) Wenk

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Sept. 5, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. Lucas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm. A. Wenk, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) hypertension with chronic myocardial disease — 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6 July, 1954, to 26 July 1954, that I last saw the deceased alive on 26 July, 1954, and that death occurred at 11:40 EST a.m., from the causes and on the date stated above.

SIGNATURE S. Woody. (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 26 July 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/29/54

NAME OF CEMETERY OR CREMATORY Shiloh

LOCATION (City, town, or county) Bryans Rd. (State) Md

DATE REC'D BY LOCAL REG. 7/28/54

REGISTRAR'S SIGNATURE Julia H Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

Gene Johnson

S. S. [illegible]

Progestin 25 m

Pac c 9442

CBC

Sogt [illegible]

RECEIVED
JUL 30 1954
BUREAU V. S.